

**OFFICE OF HEALTH PLAN OVERSIGHT
DIVISION OF PLAN SURVEYS**

FINAL REPORT OF THE
ROUTINE DENTAL SURVEY

UNIVERSAL CARE

Issued to Plan September 20, 2001



Table of Contents

	Page
SECTION I. INTRODUCTION AND SURVEY PROCEDURES	3
SECTION II. RESPONSE REQUIREMENTS AND REPORT PROCESS	5
SECTION III. OVERVIEW OF PLAN'S ORGANIZATION	6
SECTION IV. SUMMARY OF DEFICIENCIES	8
SECTION V. SUMMARY OF PLAN'S EFFORT TO CORRECT DEFICIENCIES	10
SECTION VI. DISCUSSION OF DEFICIENCIES AND CORRECTIVE ACTIONS	10
A. Plan Organization	10
B. Procedures for Assuring Quality of Care/Peer Review Mechanisms	12
C. Access and Availability	25
D. Continuity of Care	27
E. Grievance System	31
Appendix A Descriptions of Grievances Referenced in the Report	33

SECTION I. INTRODUCTION AND SURVEY PROCEDURES

In accordance with Section 1380 of the Knox-Keene Act, the Department of Managed Health Care (the "Department") conducted an on-site dental survey of Universal Care (the "Plan") on February 5-9, February 13, and April 20, 2001, and conducted an exit conference on July 17, 2001.¹ A Preliminary Report was issued to the Plan on July 17, 2001 (received by Plan on July 19, 2001), and the Plan submitted its response to the Preliminary Report within 45 days of its receipt on August 31, 2001. The Plan's response consisted of a narrative response, exhibits, and a corrective action plan provided in tabular form. The Plan also submitted an addendum to its response on September 10 2001, which the Plan identified as attachments to the original response and a quality improvement workplan.

This Final Report describes the survey findings and required corrective actions as they were reported in the Preliminary Report, a summary of the Plan's compliance efforts as reported in the Plan's response to the Preliminary Report, the Department's findings concerning the Plan's compliance efforts, and the Department's determination as to whether deficiencies were corrected within 45 days of the Plan's receipt of the Preliminary Report. In general, the Department's reference to the Plan's response includes both the response of August 31, 2001 and the addendum of September 10, 2001.

Any member of the public wanting to read the Plan's entire response and view the Exhibits attached to it may do so by visiting one of the Department's offices. One copy of the Summary Report of the Final Report is also available free of charge to the public by mail. Additional copies of the Summary Report and copies of the entire Final Report and Plan's response can be obtained from the Department at a cost. Final Reports are available on the Department's web-site: www.dmhc.ca.gov.

The Plan may file an addendum to its response at anytime after the Final Report is issued to the public. Copies of the addendum also are available from the Department at a cost. Persons wanting copies of any addenda filed by the Plan should specifically request the addenda in addition to the Plan's response.

During this survey, the Department reviewed the areas required by Section 1380(a), which include the following:

- (1) the Plan's procedures for obtaining health services;
- (2) the procedures for regulating utilization;

¹ References throughout this report to "Section ____" are to sections of the Knox-Keene Health Care Service Plan Act of 1975, as Amended ("the Act"), codified at Health and Safety Code Section 1340 *et seq.* References to "Rule ____" are to the regulations promulgated pursuant to the Act, found at subchapter 5.5 of Chapter 3 of Title 28 of the California Code of Regulations, beginning at Section 1300.43 and transferred to the Department of Managed Health Care pursuant to Section 1341.14.

- (3) peer review mechanisms;
- (4) internal procedures for assuring quality of care; and
- (5) the overall performance of the Plan in providing health care benefits and meeting the health needs of subscribers and enrollees, including the Plan's organizational and administrative capacity to provide healthcare services, availability and accessibility of care, the Plan's grievance and appeals system, and public policy participation.

The Department also reviewed the Plan's pre-survey documents that the Plan submitted in response to the Department's survey notification letter. The pre-survey information included information regarding the Plan's enrollment, provider network, benefits, organization, treatment authorization process, grievance system, and quality assurance program.

At the Plan's administrative offices, the Department reviewed: 18 grievances filed at the Plan; 49 treatment authorization requests (TARs)²; the Plan's grievance and appeal procedures; information from the Plan's quality assurance system, including minutes of the committees responsible for Plan quality management activities; provider credentialing files; specialty referral requests; and Plan information for providers describing Plan policies and benefits.³ The Department also conducted interviews with staff responsible for these areas.

The Department also reviewed the Plan's most recent QA audit reports for five participating general dental offices, including three staff model offices and two contracting offices, along with associated charts of enrollees that the Plan reviewed for each of these audits. The Department did not review any charts of enrollees who had received orthodontic services at the Plan's orthodontic offices because the Plan had never audited charts of its enrollees who have received orthodontic services. The Department reviewed a total of 39 patient charts for the five general practice offices. In addition, the Department reviewed grievances that had been filed in the five offices.

The Department notes that, for each of the three staff model offices reviewed, the Department reviewed a subset of charts representing Plan enrollees, as the Plan's selection of charts for these offices included both enrollees and non-enrollees. The Department also notes that Plan's audits of its staff model offices focused on individual general dentists, even though multiple general dentists at these offices provided care to specific enrollees.

The Department conducted a structural review, i.e., a review of infection control, emergency safety, radiological safety, and access, at one Plan general dental office.

² Requests for treatment that the Plan requires the general dentist to submit for the Plan's prior-authorization for specific designated services and for referrals to specialists.

³ Practice and patient identifying information for the cases referenced in this report are held confidential pursuant to Section 1380(d) and are available to the Plan upon the Plan's request.

SECTION II. RESPONSE REQUIREMENTS AND REPORT PROCESS

ALL DEFICIENCIES CITED IN THE PRELIMINARY REPORT REQUIRE CORRECTIVE ACTION BY THE PLAN.

The Preliminary Report required the Plan's response and follow up action on all deficiencies cited. The Department specified CORRECTIVE ACTIONS in cases where factual findings of a deficiency constitute a violation of the Knox-Keene Act. The Department required the Plan to implement all CORRECTIVE ACTIONS in the manner prescribed by the Preliminary Report and submit evidence that the required action had been implemented or was in the process of being implemented when the Plan submitted its 45-day response, as described below.

For each deficiency cited in the Preliminary Report, the Plan was required to submit the following information: (1) the Plan's response to the Department's findings of deficiency; (2) a comprehensive description of the Plan's corrective action; (3) whether the Plan's corrective action will be fully implemented by the time the Plan submits its response; (4) if fully implemented, revised policies and procedures, where applicable, including clean and red-lined versions, and evidence that the policy revisions have been implemented; (5) if not fully implemented, the name(s) and title(s) of person(s) at the Plan who will be responsible for implementing the corrective action, a time-schedule for implementation, policies and procedures required for implementation (including clean and red-lined versions of any revised policies and procedures), and a list of the documents or other evidence the Plan will submit to the Department for the Department's follow-up review that will show the deficiency has been corrected.

According to Section 1380(h)(1), the Department is required to publish a Final Report and issue it to the public not more than 180 days from the conclusion of the on-site survey. The Department issues the Final Report to the Plan ten days before the Department issues the Report to the public. The Department will issue a Summary of the Final Report to the public at the same time it issues the Final Report to the public. The Plan may submit additional responses to the Final Report and the Summary Report at any time. The Plan's submissions will also be made available to the public, unless the Plan makes a request for confidentiality.

The Department will conduct a Follow-up Review within 18 months of the date of the Final Report to determine whether the deficiencies identified by the Department have been corrected. *See* Health and Safety Code Section 1380(i)(2). PLEASE NOTE that the Plan's failure to correct deficiencies identified in the survey report MAY BE GROUNDS FOR DISCIPLINARY ACTION AGAINST THE PLAN as provided by Health & Safety Code Section 1380(i)(1).

This Report focuses on deficiencies found during the medical survey. Only specific areas found by the Department to be in need of improvement are included in the report. Omission of other areas of the Plan's performance from the report does not necessarily mean that the Plan is in compliance with the Knox-Keene Act. The Department may not have surveyed these other areas

or may not have obtained sufficient information to form a conclusion about the Plan's performance.

SECTION III. OVERVIEW OF THE PLAN'S ORGANIZATION

The following additional background information describes the Plan:

Date Plan Licensed: October 15, 1985

Type of Plan: full service plan arranging for comprehensive medical services as well as dental services

Provider Network/Delivery Model:

The Plan's dental provider network is comprised of approximately 200 general dentists, 59 orthodontists, and other specialists including 18 pedodontists, 15 endodontists, 25 periodontists, and 48 oral surgeons.

The Plan has contracting general and specialty dental providers throughout California. The Plan's service area consists of Los Angeles, Orange, Riverside, Placer, Sacramento, San Bernardino, San Diego, San Joaquin and Ventura counties.

The Plan operates 14 staff model offices with 34 dentists, the majority of whom are general dentists, but which also include specialists, including one orthodontist who provides services at seven of the offices. The providers at the staff model offices serve approximately 40,000 of the Plan's enrollees, or approximately 80% of the Plan's membership. General dentists in the Plan's staff model offices are paid by salary for services rendered to Plan enrollees.⁴ The Plan also contracts with independent dental providers who are paid a monthly capitation fee per assigned beneficiaries and with independent dental providers who are paid on a fee-for-service basis. The Plan has two public programs, Medi-Cal and Healthy Families. Providers receive no compensation from Plan enrollees for covered services under these two programs. The Plan has three commercial programs. For enrollees of the commercial programs, providers receive compensation from Plan enrollees who pay a defined copayment for specific dental as well as the negotiated amount paid to the dentist by the Plan. Contracted independent specialists are paid on a fee-for-service basis based on fees negotiated between the Plan and the providers.

Arrangements for Specialty Care

The Plan's process for referrals to specialty care is initiated by the primary care dentist who is normally a general dentist. A specialty referral form is completed and sent to the Plan's Dental Director with supporting patient records. The Dental Director, or a designated Plan dental consultant, reviews the submitted documents and determines if the treatment proposed is a

⁴ The Department notes that providers at the Plan's staff model offices also render services to non-enrollee patients.

covered benefit and requires a referral to a specialist. In the case of specialty referrals from the staff model offices, the Director of Dental Administration selects a specialty office for referral from a list of contracted specialists. The referring general dentist and specialist offices are notified when the referral is approved. The referring general dentist is notified if the referral is denied. The general dentistry office is responsible for notifying the patient of the referral request outcome. In the case of specialty referrals from the contracted independent offices, the notification is sent only to the general dental office which then selects a specialist from the list of Plan contracted specialists and notifies the patient of the outcome of the referral request. Approval or denial of specialty referrals is completed within 5 working days. Emergency referral requests are submitted by telephone.

Plan Enrollment:

As of December 19, 2000, the Plan had 50,869 enrollees of whom 9,048 were commercial enrollees, 32,768 Medicare or Medi-Cal enrollees, and 9,053 were Healthy Families enrollees.

SECTION IV. SUMMARY OF DEFICIENCIES⁵

The Department has found the following deficiencies which the Plan is required to correct:

Plan Organization

Deficiency 1: The Plan lacked arrangements with an orthodontic consultant capable of rendering a decision concerning the quality review program for the Plan's orthodontic offices. [Section 1367(g), Section 1370, Rule 1300.67.3(a)(2), and Rule 1300.70(b)(2)(E)]

Procedures for Assuring Quality of Care/Peer Review Mechanisms

Deficiency 2: The functioning of the Plan's QA committees was inconsistent with the Plan's QA Program description with respect to peer review, and the Plan did not adequately ensure that dentists who provide care to enrollees are an integral part of the QA Program. [Section 1370, Rule 1300.70(a)(1), and Rule 1300.70(b)(1)(A), (B), and (C)]

Deficiency 3: The Plan's quality assurance program did not ensure the consistent identification and correction of quality of care issues at the Plan's general dental offices.

- a. The method used by the Plan to evaluate its staff model general dental practices was not adequate to assess the quality of care provided to enrollees at these offices.
- b. The Plan's audits of its general dental practices did not ensure the consistent detection of deficiencies in the quality of care provided to Plan enrollees.
- c. The Plan failed to demonstrate effective action to correct deficiencies it had identified in its audits of general dental offices.

[Section 1370, Rule 1300.70 (a) (1), Rule 1300.70 (b) (1) (A) and (B)]

Deficiency 5. The Plan did not conduct an orthodontic quality assurance program to assure that services provided to plan enrollees meet professionally recognized standards of care.

- a. The Plan did not have mechanisms to monitor the utilization of orthodontic services by plan enrollees.

⁵ Deficiencies 4 and 9, set forth in the Preliminary Report, have been removed and are not included in the Final Report.

- b. The Plan did not conduct an audit program for its staff model or independent contracted orthodontic providers, and therefore was unable to identify quality deficiencies.

[Section 1370, Rule 1300.70(b)(1)(A) and (B), and Rule 1300.70(b)(2)(E)]

Deficiency 6: The Plan did not ensure that its QA Program consistently identifies and corrects quality of care problems raised by individual complaints and emergent patterns of complaints. [Section 1368(a)(1), Section 1370, Rule 1300.68(a), Rule 1300.68(c), and Rule 1300.70(b)(1)(A) and (B)]

Access and Availability

Deficiency 7: The Plan lacks an adequate documented system for monitoring and evaluating accessibility of care, including a system for addressing access problems as they develop. [Section 1367(e)(1) and Rule 1300.67.2(f)]

Continuity of Care

Deficiency 8: The Plan did not ensure that dental services are furnished in a manner providing continuity of care with respect to general dental providers at the Plan's staff model offices, including the availability of primary care dentists, who will be responsible for coordinating the provision of dental services to each enrollee. [Section 1367(d) and Rule 1300.67.1(a) and (b)]

Grievance System

Deficiency 10: The Plan did not ensure adequate consideration of enrollees' expressions of concern in complaints. [Section 1368(a)(1)]

SECTION V . SUMMARY OF THE PLAN'S EFFORTS TO CORRECT DEFICIENCIES

For the following deficiencies, the Department found that full implementation of the Plan's corrective actions, and assessment of their effectiveness, will require more than forty-five (45) days from the Plan's receipt of the Preliminary Report:

Plan Organization – Deficiency 1;
Procedures for Assuring Quality of Care and Peer Review – Deficiencies 2, 3, 5, and 6;
Access and Availability – Deficiency 7;
Continuity of Care – Deficiency 8; and
Grievance System – Deficiency 10.

For each of the uncorrected deficiencies, the Department will review the Plan's compliance and implementation efforts to correct the deficiencies at the time of the Department's Follow Up Review.

By notice of this Final Report, the Department is notifying the Plan that the Plan must address and implement all required corrective actions on a timely basis and prior to the Department's Follow Up Review.

SECTION VI. DISCUSSION OF DEFICIENCIES AND CORRECTIVE ACTIONS

A. Plan Organization

Deficiency 1: The Plan lacked arrangements with an orthodontic consultant capable of rendering a decision concerning the quality review program for the Plan's orthodontic offices. [Section 1367(g), Section 1370, Rule 1300.67.3(a)(2), and Rule 1300.70(b)(2)(E)]

The Department's review found that the Plan does not have an orthodontic consultant to conduct quality assurance reviews of offices providing orthodontic services to Plan enrollees or to review grievances filed by enrollees concerning the quality of orthodontic care. Also see Internal Procedures for Assuring Quality of Care/ Deficiency 5, below.

CORRECTIVE ACTIONS:

The Plan shall submit evidence of an executed agreement with an orthodontist licensed in California to conduct its orthodontic quality assurance activities and to review orthodontic quality of care grievances filed by enrollees. The Plan's submission shall include evidence that this orthodontist is qualified by training and experience to render an opinion regarding the quality of orthodontic services provided by Plan orthodontists. The Plan's submission shall include a revised organizational chart which includes the position of this orthodontic auditor.

Plan Compliance Effort:

The Plan's corrective action plan, as submitted with the Plan's response, states the following:

"Universal Care has reached an agreement with . . . a California licensed orthodontist, to serve as the Plan's Orthodontic Consultant. [The Plan Orthodontic Consultant's]. . . primary responsibilities will be to conduct Universal Care's Dental Quality Assurance activities and to review the quality of care grievances filed by enrollees";

"Universal Care has contracted with the California [Orthodontic] Auditors Association to establish the protocols for the implementation of the orthodontic review program. [The Plan's Orthodontic Consultant]. . . in collaboration with the California Auditors Association, will be implementing the program protocols."

The Plan's corrective action plan identifies the Plan's Orthodontic Consultant, Dental Director, and Vice President of Dental Operations as responsible for implementation and sets the date of October 15, 2001 as the target date for implementation of the Orthodontic Review Program.

The Plan's response sets forth that the Plan has initiated contractual arrangements with the California Orthodontic Auditors' Association (COAA) and that through this arrangement the Plan has arrangements with a designated orthodontist to serve as the Plan's Orthodontic Consultant.

The Plan's response includes a copy of the Plan's revised organizational chart, which identifies the Orthodontic Consultant as reporting to the Plan's Dental Director, and a copy of the Plan-designated Orthodontic Consultant's curriculum vitae.

The Plan's response includes a signed letter from the Plan's Orthodontic Consultant to the Plan's Dental Director, which includes the Dental Director's signature of acceptance of the agreement, and which sets forth the following regarding deliverables:

"Here is a list of items we (COAA and . . . [the Plan's Orthodontic Consultant]) agree to provide to Universal Care.

Orthodontic Quality Management materials:

1. Statement of policy, purpose and procedure;
2. Orthodontic Quality Management Criteria;
3. Orthodontic chart audit tool, including grading system and critical items system;
4. Audit response letter sentences relating to audit tool and criteria;

5. Audit response letter format;
6. Provider "Self Audit" form.

Total cost of the above 6 items: - licensing fee

Audit response letters – per letter (computer generated by us, edited, and sent to you for signature)"

Department's Finding Concerning Plan Compliance Effort:

The Department finds that further revision or completion of the Plan's corrective action plan is necessary in order for the Plan to ensure that the CAP is capable of correcting this deficiency. Therefore, the Department finds that it will take additional time beyond the date of the Plan's response for the Plan to correct this deficiency and to fully implement and document the changes required by the Corrective Actions. The Department will review the Plan's compliance and implementation efforts to correct this deficiency at the time of the follow up review.

B. Procedures for Assuring Quality of Care and Peer Review Mechanisms

Deficiency 2: The functioning of the Plan's QA committees was inconsistent with the Plan's QA Program description with respect to peer review, and the Plan did not adequately ensure that dentists who provide care to enrollees are an integral part of the QA Program. [Section 1370, Rule 1300.70(a)(1), and Rule 1300.70(b)(1)(A), (B), and (C)]

The Department's review found that the Plan's committee responsible for conducting peer review, the "Dental Staff and Quality Management/Peer Review Committee," did not effectively function in that capacity, as described below.

First, the Plan's Quality Assurance Program description entitled "Dental Quality Management and Improvement Program" designates two specific committees under the "Dental Staff Management and Peer Review Process, the "Dental Management Committee" and the "Dental Peer Review Committee," which are responsible for addressing dental management issues and conducting peer review, respectively. According to the QA Program description, the peer review function was to include the review of patient case summaries for selected enrollees.

The Department's review found that, in practice, these committees are structured as a single joint committee called the "Dental Staff and Quality Management/Peer Review Committee." As such, as a part of its required activities, this committee is responsible for conducting peer review. This committee met on January 24, February 10, May 11, June 28, September 6, October 16, and November 21 (7 meetings total) in the year 2000. However, the Department's review of the

committee meeting minutes found no evidence where the committee conducted peer review activities. There was only a statement contained in the meeting minutes that there were no cases where peer review by the committee was required. However, the Department found that certain of the quality-related grievance cases described in this Report would have benefited from review by this committee but, as indicated, this did not occur. For example, where there were appeals of grievances, these were re-evaluated by the Dental Director alone without the benefit of peer review.

Second, the Department found that the membership of the Dental Staff and Quality Management/Peer Review Committee did not ensure that an adequate range of dentists who provide care to enrollees are available to participate in the Plan's peer review process and QA Program. The members of the committee include the Dental Director, the Director of Dental Operations, the Director of Dental Administration, a staff person responsible for Dental Case Management, and all dentists in the staff model offices. There are 34 dentists in the staff model offices (one is an orthodontist). One RDA is also invited to the meetings. While approximately 10,000 (approximately 20%) of the Plan's membership receive services from the Plan's independent contracting general dentists, none of these dentists participate on this committee. Further, this committee does not include any independent contracting specialists, either on a regular or as-needed basis.

CORRECTIVE ACTIONS:

The Plan's corrective action plan shall include, but not be limited to, the following:

- a. A plan for the development and implementation of an effective peer review process as an integral part of the Plan's QA Program and that is capable of improving the treatment outcomes for Plan enrollees; and
- b. Evidence that the Plan's peer review committee is represented by a sufficient range of participating providers, consistent with the Plan's overall provider network, to effectively carry out the peer review process, including both staff model and contracting general and specialty dentists.

Plan Compliance Effort:

The Plan's corrective action plan, as submitted with the Plan's response, sets forth the following:

"Universal Care has revised its Dental Quality Management (QM) Program to ensure that Universal Care has a comprehensive system in place to address the quality of care and service provided to all Universal Care dental members. The Dental QM Program has amended the role and composition of the Dental Peer Review committee. . . .

Universal Care's Dental Peer Review Committee and Process

The Dental Peer Review Committee is an integral part of the Dental QM Program. The responsibilities of the Dental Peer Review Committee include, but are not limited, to:

- Review of provider quality of care issues identified through various means, including, but not limited to, enrollee grievances and on-site audits;
- Review of utilization management reports to identify quality of care issues;
- Review of malpractice and National Practitioner's Data Bank reports;
- Review of provider appeals (i.e. grievance resolution, terminations, denial of panel participation).
- Review of DQM study and audit results, performing the function of barrier analysis and development of interventions at the direction of Plan QM staff.

Dental Peer Review Committee Composition

The Dental Peer Review Committee is represented by a sufficient range of participating providers consistent with the Plan's overall provider network, including both staff model and contracting general and specialty dentists. The Dental Peer Review Committee includes the Universal Care Dental Director, two staff model general dentists, two network general dentists and an independent dental consultant; five specialty dentists (periodontist, endodontist, orthodontist, oral surgeon, and pedodontist), as appropriate to the cases scheduled for review. Non-practitioner members will include the Vice President of Dental Operations and Dental QM staff, as appropriate."

The Plan's corrective action plan identifies persons responsible for implementation, including the Dental Director and Vice President of Dental Operations, and identifies the date of October 15, 2001 as the target for implementation.

The Plan's response also includes a copy of the 2001-2002 QI Workplan, which sets the date of October 31, 2001 as the target date for the initial convening of the Dental Peer Review Committee, development and approval of the committee charter, development of policies and procedures for conducting peer review, and development of a 12-month committee schedule.

Department's Finding Concerning Plan Compliance Efforts:

The Department finds that the Plan's corrective action plan is capable of correcting the deficiency. However, the Department also finds that it will take additional time beyond the date of the Plan's response for the Plan to correct this deficiency and to fully implement and document the changes required by the Corrective Actions. The Department will review the Plan's compliance and implementation efforts to correct this deficiency at the time of the follow-up survey.

Deficiency 3: The Plan's quality assurance program did not ensure the consistent identification and correction of quality of care issues at the Plan's general dental offices.
[Section 1370, Rule 1300.70 (a) (1), Rule 1300.70 (b) (1) (A) and (B)]

a. The method used by the Plan to evaluate its general dental staff model practices was not adequate to assess the quality of care provided to enrollees at these offices.

The Department reviewed selected QA audits of general dentists at the Plan's staff model offices and conducted an interview with the Plan's QA auditor. The Department's review of these audits found that the Plan's ability to assess significant aspects of the quality of care provided to enrollees at the staff model offices was limited due to the fact that patients at these offices often receive care from multiple general dentists, and the Plan's audits do not consider or account for the overall scope of care that patients receive at an office, including the care rendered by dentists other than the dentist who is the subject of the audit. Further, the Department found no evidence that the Plan produced a report to integrate its evaluation of care provided by all dentists at any one office. Further, although the Plan's QA audit instrument was adequate with respect to scope of review, the Plan's auditor did not use the entire instrument in the staff model offices. For the Plan's reviews of its staff model offices, the Department found that the sections to record evaluation of the treatment plan and services were not completed (sections 6-9 of the audit form).

In the Plan's audit of Practice #1, a staff model office, the Department identified and reviewed seven records of Plan enrollees that were among all the records of the patients seen by the dentist on the particular day. These patients had been in care at the practice for an average of 2.1 years, with a maximum of 4.2 years and a minimum of one month. This selection of patients had received crowns, fillings, root canals and extractions. Thus, had the Plan looked at the totality of care provided to the enrollee, it would have been possible to assess a range of services. As indicated previously, however, the Plan's instructions to the Plan auditor for staff model office providers were to evaluate only the services rendered by the individual dentist who was the subject of the audit so only the visits attended by that dentist were evaluated. For each of the seven patients whose charts were reviewed, multiple general dentists rendered services. As the Plan only evaluated the care rendered by one specific dentist for each of the seven patients, the Plan did not evaluate the overall scope of dental care for any of these patients.

With respect to the Plan's audit of Practice #2, also a staff model office, the Department identified and reviewed seven records of Plan enrollees included in the sample of records used by the Plan to evaluate the dentist. Three patients had accessed the practice for more than one year, and three patients had accessed the practice for less than six months. This selection of patients had received preventive services, fillings and extractions. As with Practice #1, for each of the seven patients whose charts were reviewed, multiple general dentists rendered services, and as the Plan only evaluated the care rendered by one specific dentist, the Plan did not evaluate the overall scope of dental care for any of these patients.

b. The Plan's audits of its general dental practices did not ensure the consistent detection of deficiencies in the quality of care provided to Plan enrollees.

The Department's review found that the Plan's QA audits for its general dental providers did not ensure that dental quality problems at participating general dental offices were being consistently identified. Of key concern is the Plan's failure to evaluate the full scope of care provided at the Plan's staff model offices. The Department's review found that the Plan's audits for staff model Practices #1 and #2 lacked evaluations for diagnosis, treatment planning, preventive services, and treatment, which are crucial aspects of patient care, and lacked consideration of care rendered by dentists other than the dentists who were the subjects of the audits, which contributed to the Plan's inability to detect the deficiencies that the Department identified. The Department notes that, due to the limitations in the Plan's audits of its staff model offices, the Department's review included the consideration of care rendered to enrollees by dentists other than the dentists who were the subjects of the Plan's audits, even though this care was not assessed by the Plan.

Described below are dental quality problems, and aspects of care that did not meet professionally recognized standards that the Department identified but that the Plan's auditors did not identify at each of the five offices reviewed. The issues described below should have been identified by the Plan's audits.

Staff Model Practice #1:

- a. The medical history was not updated annually in three of seven charts reviewed;
- b. Existing conditions were not charted at the initial and recall visits in four of seven charts reviewed;
- c. Diagnosis of problems with space maintenance associated with missing primary or permanent teeth was missing in three of seven charts reviewed;
- d. Prophylaxis was not documented as being provided in three of seven charts reviewed;
- e. Oral hygiene instruction was not documented in three of seven charts reviewed;
- f. Operative treatment, as documented, did not meet professionally recognized standards in two of seven charts reviewed;
- g. Efficiency and timeliness of treatment, as documented, did not meet professionally recognized standards in six of seven charts reviewed, including a lack of a definitive treatment for episodic users (one case), unnecessary visits and delays in care due to changes in providers or a failure to adequately diagnose and treat the problem (four

cases), and delay in treatment due to an unnecessary pre-authorization for denture care (one case).

Staff Model Practice #2:

- a. Existing conditions were not charted at the initial and recall visits in one of eight charts reviewed
- b. A periodontal evaluation, including pocket probing was not recorded in cases where there was evidence of periodontal disease or prosthetic treatment planned in three of eight charts reviewed.
- c. Prophylaxis was not documented as being provided in two of eight charts reviewed;
- d. Oral hygiene instruction was not documented in three of eight charts reviewed; and
- e. Efficiency and timeliness of treatment, as documented, did not meet professional standards in two of eight charts reviewed, including a failure to fully explain the nature of treatment, which led to an outcome unacceptable to the patient (one case), and delay in treatment due to unnecessary pre-authorization for denture care (one case);

Staff Model Practice #3:

- a. The quantity of initial x-rays was inadequate for complete diagnosis and treatment planning in three of five charts reviewed;
- b. Medical alerts on patient's charts with significant medical conditions were lacking in two of five charts reviewed;
- c. The quality of restorative treatment, as documented, did not meet recognized standards in one of five charts reviewed;
- d. Documentation of final root canal treatment with a progress or final x-ray was missing in one chart reviewed.

Contracted Practice #4:

- a. Periodontal probings were not documented, when indicated, in one of nine charts reviewed;

- b. Periodontal treatment was conducted without appropriate documentation of need in one of nine charts reviewed;
- b. Fluoride treatment was not documented as being provided, though indicated, in six of nine charts reviewed; and
- c. Documentation of final root canal treatment with a progress or final x-ray was missing in one chart reviewed.

Contracted Practice #5:

- a. The quantity of initial x-rays was inadequate for complete diagnosis and treatment planning in one of the ten charts reviewed;
- b. The medical history was not updated annually in two of ten charts reviewed; and
- c. Placement of a restoration did not meet professionally recognized standards in one case reviewed.

c. The Plan failed to demonstrate effective action to correct deficiencies it had identified in its audits of general dental offices.

The Department found that repeat deficiencies were identified in successive quality assurance audits by the Plan. The repeat deficiencies were confirmed by the Department's audit and a review of all Plan audits of the three provider offices. The repeat deficiencies along with the dates of the Plan's audits, are identified as below.

Staff Model Practice #3:

Lack of follow up of medical conditions - 12/13/99, 11/19/99; and

Lack of diagnosis of dental decay. 12/13/99, 11/19/99, 7/12/99

Contracted Practice #4:

Failure to obtain patient and/or doctor signatures on the medical history - 7/27/97 and 1/31/00;

Failure to document soft tissue examination and oral cancer screening - 7/27/97 and 1/31/00; and

Failure to provide or document oral hygiene instructions following prophylaxis - 7/27/97

and 1/31/00.

Contracted Practice #5:

Failure to document periodontal status - 6/18/97 and 2/29/00; and

Failure to document the use of and amount of local anesthetic - 6/18/97 and 2/29/00.

CORRECTIVE ACTIONS:

The Plan's corrective action plan, shall include, but not be limited to, revised QA Program policies and procedures that adequately address improvement in the accuracy of the Plan auditors' QA reviews regarding the quality of general dental care and that provide for adequate corrective action with specific providers when the Plan identifies dental services below professionally recognized standards of care. The Plan's corrective action plan shall describe the specific measures the Plan shall take to assure that the full scope of care provided to enrollees in its staff model practices is evaluated and that the Plan's auditors identify all deficiencies in quality of general dental care provided to its enrollees by all dentists treating each enrollee.

Plan Compliance Efforts:

The Plan's response disputes the Department's finding of deficiency as follows:

"The Plan wishes to clarify that a deficiency does not exist with respect to identification and correction of quality of care issues at the Plan's general dental offices for the following reasons:

The Plan's chart auditors are responsible for the assessment and review of overall treatment, as well as the performance of a particular dental provider on a particular day. Moreover, the chart audit form (Patient Record Review) conforms with the recognized standard in the community.

In addition to chart audits, the Plan also audits the quality of crown restorations by examining a large number of impressions, which is higher degree of quality assurance than is performed by most programs. Significant deficiencies in the impressions are discussed with the individual dentists to improve the level of performance. In fact, as a means of ensuring quality care, the Plan has dismissed dentists whose performance has been deemed less than satisfactory after appropriate counseling.

Nonetheless, the Plan recognizes that the chart audit system needs improvement to document that: (1) the entire treatment provided to patient is reviewed as part of the audit and; (2) that all deficiencies are clearly conveyed back to the dental offices for correction by appropriate staff. To facilitate this chart review process, an improved Patient Record

Review Form is currently under development by the Plan. The new Patient Record Review Form will be based upon the current form.”
The response includes a copy of the Plan’s current Patient Record Review Form.

Under the corrective action plan heading for this deficiency, the Plan’s response states the following:

“As indicated in the narrative section of this submission, Universal Care respectfully requests that this deficiency be reconsidered and removed from the final report. Should the DMHC decline the request, Universal Care will follow-up with a corrective action as advised. However, Universal Care does intend to revise/improve Patient Record Review, Response and CAP form.”

The Plan’s corrective action plan sets forth the date of October 15, 2001 as a target date for implementation of a revised patient record review form and corrective action form.

The Plan’s 2001-2002 Quality Improvement (QI) Workplan identifies the following objective for “Independent Quality of Care Review”: “To ensure and demonstrate the Plan’s process to evaluate the full scope of care provided at staff model and contracted dental offices.”

The Plan’s 2001-2002 Quality Improvement (QI) Workplan identifies the following action steps for “Independent Quality of Care Review”:

“Develop P & P on facility site review and patient record review; develop instructions and evaluation guidelines for completion of dental facility site review and Universal Care patient record review tools; conduct re-training of QA auditors to ensure consistent application of standards; develop mechanism to track key performance indicators, including continuity of care, across the network; review/analyze performance on key indicators in Dental Quality Management Committee; present executive summary of work to Quality Council.”

Department’s Finding Concerning Plan’ Compliance Efforts:

The Department finds that further revision or completion of the Plan’s corrective action plan is necessary in order for the Plan to ensure that the CAP is capable of correcting this deficiency. Therefore, the Department finds that it will take additional time beyond the date of the Plan’s response for the Plan to correct this deficiency and to fully implement and document the changes required by the Corrective Actions. The Department will review the Plan’s compliance and implementation efforts to correct this deficiency at the time of the follow up review.

Deficiency 5. The Plan did not conduct an orthodontic quality assurance program to assure that services provided to plan enrollees met professionally recognized standards of care. [Section 1370, Rule 1300.70(b)(1)(A) and (B), and Rule 1300.70(b)(2)(E)]

The Department found that the Plan does not have a QA program to evaluate the quality of care rendered to enrollees by the Plan's participating orthodontists. The Plan does have an orthodontic audit tool, but has not yet used it to audit its orthodontic offices. The Plan's Dental Director stated the following two reasons for the Plan's not auditing the orthodontic care provided to enrollees: (1) There were not enough completed enrollee cases to warrant auditing orthodontic patient charts; and (2) Other insurance plans audit orthodontic patient charts in this Plan's staff model offices and he reviews these plans' audit reports after the audits have been completed. The Department notes that the Dental Director is not an orthodontist. Also refer to the Plan Organization section of this Report.

The Dental Director stated that the Plan's standard for an internal quality assurance program is 100 or greater eligible enrollees per facility and that, although orthodontic patients were being treated in seven of its staff model offices, most of the patients being treated were enrollees of other plans; so-called "plan to plan" patients. However, based on utilization data that the Plan made available to the Department, the Department found that there was a sufficient number of Plan orthodontic patients to warrant the Plan's conducting QA reviews for enrollees who received orthodontic services at the Plan's staff model offices or at the Plan's contracting orthodontic offices. Based on these data, the orthodontist at the Plan's staff model offices was in the process of treating, or had treated, a total of 65 Plan enrollee patients in the last two years. Six of these patients were in retention or had completed active treatment.

Because the Plan does not have an orthodontic QA program, and has not established arrangements with an Orthodontic Consultant, the Plan does not have the ability to assure that the Plan's peer review process is appropriately maintained and that the Plan has a mechanism for appropriately reviewing orthodontic grievances filed by enrollees.

CORRECTIVE ACTIONS:

The Plan's corrective action plan shall include, but not be limited to, an amended Quality Assurance Program description which provides for an orthodontic quality assurance program.

The Plan's amended QA Program description must ensure that the Plan has a system for conducting orthodontic reviews for enrollees who receive orthodontic services at Plan participating dental offices, which provides for the following: (1) the Plan's system to accurately assess enrollee orthodontic utilization at specific Plan offices; (2) a methodology and standards by which the Plan is to determine whether orthodontists provide a level of care consistent with professionally recognized standards of care; (3) an audit cycle which sets forth the on-site audits, which include chart review, for each of the Plan's participating offices which

provide a reasonable threshold level of orthodontic services to Plan enrollees; and (4) provisions for re-audit within a reasonable time period for offices which are significantly non-compliant with professionally recognized standards of practice as determined by the Plan's orthodontic auditor. The Plan's submission shall include the commitment to adhere to the Plan's audit schedule for its orthodontic offices.

Also, as a part of the Plan's corrective action plan, the Plan shall submit evidence to assure that the Plan has a peer review committee with an orthodontist present to identify and correct quality of care issues in orthodontic enrollee grievances.

Plan Compliance Effort:

The Plan's narrative response sets forth the following:

"Universal Care has contracted with the California Orthodontic Auditors Association (COAA) to establish protocols for the implementation of the orthodontic review program. Please refer to Deficiency One . . .

[The Orthodontic Consultant] has been appointed to the position . . . , as reflected in the Plan's organizational chart. Please refer to Deficiency One . . .

Both the staff orthodontist and the orthodontic consultant are automatically members of the Peer Review Committee in order 'to identify and correct quality of care issues in orthodontic enrollee grievances.'"

The Plan's corrective action plan, as included in the Plan's response, states the following:

"Protocols for auditing of the orthodontic service and implementation of the audit process will be established as a corrective action. As demonstrated in Deficiency One, Universal Care has contracted with California Orthodontic Auditors Association to accomplish this corrective action."

The Plan's corrective action plan identifies the Orthodontic Consultant, Dental Director, and Vice President of Dental Operations as responsible for implementation and the date of October 15, 2001 as the target date for implementation.

Department's Finding Concerning Plan Compliance Effort:

The Department finds that further revision or completion of the Plan's corrective action plan is necessary in order for the Plan to ensure that the CAP is capable of correcting this deficiency. Therefore, the Department finds that it will take additional time beyond the date of the Plan's response for the Plan to correct this deficiency and to fully implement and document the changes

required by the Corrective Actions. The Department will review the Plan's compliance and implementation efforts to correct this deficiency at the time of the follow up review.

Deficiency 6: The Plan did not ensure that its QA Program consistently identifies and corrects quality of care problems raised by individual complaints and emergent patterns of complaints. [Section 1368(a)(1), Section 1370, Rule 1300.68(a), Rule 1300.68(c), and Rule 1300.70(b)(1)(A) and (B)]

The Department found that the Plan did not ensure that its QA Program consistently identifies and corrects, where appropriate, quality of care problems, including systemic quality problems, raised by individual enrollee complaints and emergent trends and patterns of complaints, as described below.

First, the Department found that the Plan did not track or tabulate the results of professional review of enrollee complaints, either individually or in-aggregate, for purposes of the Plan's periodic review, including review at the Plan's QA Committee meetings. Consequently, the Plan was unable to identify and correct systemic problems raised by trends and patterns with enrollee complaints, including systemic quality problems.

Second, the Department's review found that, in four of 18 complaint cases reviewed, the Plan's QA Program did not identify all relevant quality issues raised by the complaints, did not adequately follow up to determine whether a complaint was representative of a systemic issue, or did not follow up with providers who were the subjects of quality complaints to correct identified quality issues. In at least one case, the Plan did not initially request and review the patient records, and, as a result, did not accurately assess the issues surrounding the enrollee's complaint. Refer to Appendix A/subsection A for detailed descriptions of these complaints.

CORRECTIVE ACTIONS:

The Plan's corrective action plan shall include, but not be limited to, the following:

- a. Revised QA Program policies and procedures, which assure that the Plan requests and reviews dental records when necessary to identify all relevant quality issues raised and that when complaints indicate potential systemic quality problems with providers, the Plan conducts thorough follow up with the providers who are the subjects of the complaints to ensure timely correction of quality problems. The Plan's submission shall ensure that the Plan's Quality Assurance, Grievance, Peer Review, and/or any other committees with responsibility for overseeing the grievance system are identifying and correcting significant quality issues in enrollee grievances; and
- b. Evidence that the Plan tabulates and trends complaints filed by Plan enrollees for purposes of the Plan's identification of emergent patterns and potential systemic problems, and periodic review in relation to policy and procedure.

Plan Compliance Effort:

The Plan's response disputes the Department's finding of deficiency as follows:

"The Plan respectfully requests that this deficiency be removed from the final report for the following reasons:

Universal Care's Member Services Department receives, tracks and tabulates all complaints. These complaints are reported to the Administrative Services Quality Improvement Committee (ASQIC) at its monthly meeting, and to the Dental management Committee weekly or biweekly meetings run by the Director of Member Services. Moreover, the Dental Director also logs all complaints and grievances that come directly to his attention. The Dental Director collaborates with the Members Services Department Grievance Unit to review and resolve formal complaints and grievances. The Dental Director and/or dental consultants review the patient records when quality of care issues are identified.

Universal Care's dental program experiences few quality of care issues, which may have given the Department's auditors the impression that the system currently in place is not fully employed. Because there are so few, a "pattern" to indicate there is significant systemic quality of care issues is not readily apparent."

The Plan's response includes a copy of the updated Plan's grievance policies and procedures entitled "Grievance Process."

Department's Finding Concerning Plan Compliance Effort:

The Department finds that further revision or completion of the Plan's corrective action plan is necessary in order for the Plan to ensure that the CAP is capable of correcting this deficiency, as described below. Therefore, the Department finds that it will take additional time beyond the date of the Plan's response for the Plan to correct this deficiency and to fully implement and document the changes required by the Corrective Actions. The Department will review the Plan's compliance and implementation efforts to correct this deficiency at the time of the follow up review.

First, the Plan did not set forth a corrective action plan to address the deficiency. While the Department acknowledges that its identification and citing of five problematic grievances under this deficiency represents a limited number of cases, the quality of care issues raised by these cases were of sufficient significance to have warranted the Plan's identification and corrective action.

Second, while the Plan states that it tracks, tabulates, and reports complaint information through its QA Committee structure, the Plan did not provide any Plan documents to substantiate this statement. The grievance cases cited in this Report represent instances where the Plan's QA Program failed to identify patient care problems, or failed to follow up with providers to correct identified quality of care problems or determine whether identified problems are representative of systemic problems with providers (refer to Appendix A/subsection A). The Plan's response does not adequately describe mechanisms to ensure that the Plan is capable of correcting, or addressing, the issues that the Department found with the Plan's QA review and follow up of quality of care grievances.

C. Access and Availability

Deficiency 7: The Plan lacks an adequate documented system for monitoring and evaluating accessibility of care, including a system for addressing access problems as they develop. [Section 1367(e)(1) and Rule 1300.67.2(f)]

The Department's review found that the Plan lacks an adequate accessibility monitoring system that is capable of addressing access problems as they develop throughout the Plan's provider network, including, but not limited to, problems associated with appointment and in-office wait times, as described below.

First, the Department's review found that the Plan does not have a mechanism to evaluate enrollees' access to services at its contracting general dental offices.

Second, the Department's review found that five of the 18 enrollee complaints that the Department reviewed dealt with difficulties in accessing care. These complaints further suggest that the Plan's monitoring system may not be identifying access issues at the Plan's participating dental offices. In each of these cases, enrollees complained of waiting times in excess of one hour, including two cases in which enrollees complained of waits in excess of two hours. In addition, the Department found inadequate evidence that the Plan followed up with the providers who were the subjects of these complaints to investigate the merits of the complaints and to initiate corrective action, where necessary. Refer to Appendix A/subsection B for detailed descriptions of these complaints.

CORRECTIVE ACTIONS:

The Plan's corrective action plan shall include, but not be limited to, the following:

- (a) Evidence that the Plan incorporates the review of enrollee grievances pertaining to access into its analysis of the effectiveness of its access monitoring system; and
- (b) Evidence that staffing limitations at the staff model offices do not impede Plan enrollees' access to care.

Plan Compliance Effort:

The Plan's narrative response describes its process for monitoring and evaluating accessibility of care at both staff model and contracted facilities as follows:

“On a weekly basis, the Office Managers of the Universal Care Dental staff model facilities review the office schedules for the Universal Care staff model dentists and submit a Booking Lead-Time report (BLT). Universal Care's Dental Administrator then reviews the BLT reports. If the BLT report shows that the accessibility standards are not met, Universal Care's Dental Administrator fills in the appointment gaps by opening up dentist schedules.

On a monthly basis the Universal Care Dental Administrator surveys all contracted dentists with enrollment of 100 or more members for BLT reports, and waiting time.

Universal Care Dental Administrator consolidates, reviews and submits the BLT reports to the Dental Operations Committee meeting where the contracted dental providers are reviewed for their compliance with accessibility standards. If deficiencies are found, a Corrective Action Plan (CAP) is implemented. The Dental Administrator measures compliance with the CAP.”

The Plan's response includes the following: a copy of the Plan's current Book Lead Time report form for use at the staff model offices; copies of completed Book Lead Time reports for four staff model offices, including reports for two offices for which the Plan identified staff model offices' failure to meet the Plan's appointment availability standards; and copies of memos sent to the two staff model offices as a follow up on these offices' failure to meet the Plan's access standards.

The Plan's corrective action plan sets forth the following:

“Universal Care will update its policy and procedure on the monitoring of accessibility standards for dental services and will forward a copy of the policy and procedure to the Department upon completion.”

The Plan's CAP identifies the Dental Director and Vice President of Dental Operations as responsible for implementation and identifies the date of October 15, 2001 as the target date for implementation.

The Plan's QI Workplan includes the action step of conducting of an annual access audit for staff model and contracted offices, and the development of policies and procedures for the Plan's

annual access audit, and identifies the Associate Director of Dental Operations, Vice President of Dental Operations, and Dental Director as responsible for implementation.

Department's Finding Concerning Plan Compliance Effort:

The Department finds that further revision or completion of the Plan's corrective action plan is necessary in order for the Plan to ensure that the CAP is capable of correcting this deficiency, as described below. The Department also finds that it will take additional time beyond the date of the Plan's response for the Plan to correct this deficiency and to fully implement and document the changes required by the Corrective Actions. The Department will review the Plan's compliance and implementation efforts to correct this deficiency at the time of the follow up review.

First, the Plan's response does not include any evidence that the Plan has implemented its process of surveying contracted dentists regarding Book Lead Times and in-office wait times. The Department notes that the Plan's policy to only survey providers with enrollment of at least 100 enrollees does not account for utilization. The policy does not ensure that, where sufficient utilization exists, the Plan will survey offices with less than 100 assigned enrollees.

Second, as the Plan did not submit required revised policies and procedures as part of its corrective action plan, the Department is unable to determine that the CAP is capable of correcting the deficiency.

D. Continuity of Care

Deficiency 8: The Plan did not ensure that dental services are furnished in a manner providing continuity of care with respect to general dental providers at the Plan's staff model offices, including the availability of primary care dentists, who will be responsible for coordinating the provision of dental services to each enrollee. [Section 1367(d) and Rule 1300.67.1(a) and (b)]

The Department's review found that the Plan's system for scheduling providers and patients at its staff model offices impeded continuity of care with general dentists at these offices, and represented a barrier to enrollees' ability to maintain a primary care dental provider, as described below. The Department's finding is based upon interviews with Plan staff, an interview with the office manager at the Los Angeles staff model office, and the review of enrollee charts associated with the Plan's audits of its general dental staff model practices.

First, in a discussion of the appointment scheduling policies, the office manager mentioned that it had been difficult to schedule patients who wanted to see the same dentist for every appointment because the dentist schedule was issued monthly. If the monthly schedule had not yet been issued, the office was unable to determine when a specific dentist would be available

during the following month and was only able to schedule appointments based on available appointment slots.

Second, the office management assigns specific dentists as designated “floaters” wherein they would fill in for dentists at other staff model offices in the event of unanticipated absences. Nevertheless, these selected dentists are on the schedule and assigned to an office. Hence, in the event that a floater dentist needs to fill in for a dentist at another office, the patient originally assigned to the floater dentist will end up seeing a different dentist.

Third, the Department’s review of enrollee charts associated with the staff model audit reports found the following practice patterns with respect to the numbers of general dentists who rendered care to individual enrollees. The following chart is a summary of the patient records reviewed in the quality assurance audits of two staff model offices conducted by the Plan auditor. Overall, enrollees had an average of 6.9 visits and saw an average of 4.1 dentists. In Practice #1, case #1, the patient never saw the same dentist in four visits. In Practice#1, case #6, ten different providers saw the patient over the 14 visits.

Enrollee	Number of providers	Total visits
Practice #1, case #1	4	4
Practice #1, case #2	3	6
Practice #1, case #3	6	8
Practice #1, case #5	6	8
Practice #1, case #6	10	14
Practice #1, case #7	4	5
Practice #1, case #8	4	6
Practice #2, case #7	1	2
Practice #2, case #8	3	5
Practice #2, case #10	2	4
Practice #2, case #13	4	11
Practice #2, case #15	4	13
Practice #2, case #19	2	4

Fourth, the Department’s review of one specific enrollee charts at Practice #1 found a lack of continuity of care that affected patient outcome, as described below.

Practice #1, Case #7:

The Department’s review of this case found that no definitive treatment was provided to this patient. The first visit was an examination, the second visit treatment was deferred, the third visit was an emergency exam, the fourth visit was an initiation of a root canal, and the last visit was a change in the treatment plan from a root canal to an extraction. The extraction was not done at the last visit and the patient was told to make another appointment for the tooth to be

taken out. This patient had five visits, saw four different dentists and did not have his problem resolved.

The Department's review of this case also found that the patient was dissatisfied with the treatment based upon the chart note of 10/25/00, which states: "Pt is upset b/c she was told Dr #286 would finish tx."

CORRECTIVE ACTIONS:

The Plan's corrective action plan shall include, but not be limited to, the following:

- a. Evidence of a system to address the scheduling of general dentists and patients at the Plan's staff model offices, which ensures that, on a consistent basis, enrollees are able to schedule and keep appointments with requested general dentists, and which ensures that, wherever possible, enrollees are able to receive care from a designated primary care dentist; and
- b. Evidence of a system to identify and correct problems with continuity of care at the staff model offices on an on-going basis, which is incorporated into the Plan's amended QA Program description.

Plan Compliance Effort:

The Plan's narrative response sets forth the following:

"There are two aspects to 'continuity of care.' One definition is the continuation of treatment from the initial diagnosis to the completion of diagnosed needs. A second definition is the continuation of treatment by the same provider to the completion of diagnosed needs, without untimely interruption or delay.

Universal Care ensures continuity of care within the meaning of the first definition by maintaining good access, as evidenced by the very small number of access complaints.

Universal Care agrees – and it is Universal Care's policy – that patients should have the opportunity for continuation of treatment by the same provider.

As the Department is aware, there are many reasons why a patient may not continue treatment with the same doctor, the main one being that so many patients choose to schedule appointments on the basis of their convenience, rather than on the basis of the availability of a particular doctor. If the audit had included those staff model offices that have had essentially the same full-time staff offices for many years, a high level of continuity of care with the same provider would have been documented. However, in other offices, the staff is supplemented by part-time doctors, some of the full-time doctors work in multiple offices. e.g., pediatric dentists, and there has been turnover as some

doctors go into their own private practices or others have been dismissed for inadequate performance.

Continuity of care by the same doctor is also interrupted when doctors call in sick or take vacations. Instead of canceling all patients if a doctor calls in sick unexpectedly, [the] Plan tries to re-staff the office for the day with another staff doctor. Instead of putting off treatment because a doctor takes a vacation, the patient has the option of scheduling with another doctor. Rather than representing a lack of continuity, Universal Care believes that we are improving continuity in the receipt of care within the same office. We have pediatric dentists within staff models so that very few children have to be sent to outside providers. Thus, continuity of care is provided in the same office, even for specialists, even if a patient sees more than one doctor for treatment.

In recognition that patients may see different doctors, [the] Plan's policy is that the treatment is to be reviewed by the attending dentist at each patient visit to assure the appropriateness of treatment. This is an issue of repeated reminder and discussion at the dental staff meetings. [The] Plan does not have managing dentists, who tend to treat the treating dentists as technicians, but rather assigns full professional responsibility to its professional staff."

The Plan's corrective action plan, as submitted with the Plan's response, states the following:

"All policies and procedures related to scheduling and continuity of care shall be reviewed and revised as necessary to ensure, within reason and the patients' satisfaction, that appointments are rescheduled with the same doctor.

Staff members involved in the scheduling process shall be advised (trained if necessary) of policy and procedure changes."

The Plan's CAP identifies the Dental Director and Vice President of Dental Operations as responsible for implementation and identifies the date of October 15, 2001 as the target date for implementation.

The Plan's 2001-2002 Quality Improvement (QI) Workplan identifies the following objective for "Continuity and Coordination of Care": "To ensure that dental services are furnished in a manner which provides continuity and coordination of care with respect to general dental providers, including the availability of primary care dentists, who will be responsible for coordinating the provision of dental services to each enrollee."

The Plan's 2001-2002 Quality Improvement (QI) Workplan identifies the following action steps for "Continuity and Coordination of Care": "develop P & P on continuity of care; develop P & P on utilization data review and under- and over-utilization of services; perform analysis of

utilization patterns to determine trends; review results with DQMC and identify opportunities for improvement, developing interventions as appropriate.”

Department’s Finding Concerning Plan Compliance Effort:

The Department finds that further revision or completion of the Plan’s corrective action plan is necessary in order for the Plan to ensure that the CAP is capable of correcting this deficiency. Therefore, the Department finds that it will take additional time beyond the date of the Plan’s response for the Plan to correct this deficiency and to fully implement and document the changes required by the Corrective Actions. The Department will review the Plan’s compliance and implementation efforts to correct this deficiency at the time of the follow up review.

E. Grievance System

Deficiency 10: The Plan did not ensure adequate consideration of enrollees’ expressions of concern in complaints. [Section 1368(a)(1)]

The Department’s review of grievances found that in five of the 18 complaint cases reviewed, the Plan failed to ensure adequate consideration of enrollees’ expressions of concern in complaints. Among the issues raised by these complaints were the Plan’s lack of adequate investigation, resolution, and/or provider follow up, where applicable, with respect to the following enrollee concerns: a provider’s overcharging for use of optional restoration materials; Plan’s failure to notify a patient regarding the disposition of a referral request; allegations regarding lack of cleanliness and failure to follow proper infection control procedures at one staff model office; inadequate provider communication with patients relative to copayments; and a provider’s lack of adequate management of a pediatric patient during fluoride treatment. In certain instances, the Plan did not request the patient records, though necessary to conduct an adequate evaluation. Refer to Appendix A/subsection C for detailed descriptions of these complaints.

CORRECTIVE ACTIONS:

The Plan’s corrective action plan, shall include, but not be limited to, revised grievance system policies and procedures, which ensure that the Plan shall consistently obtain and review adequate record information to conduct a complete investigation of each grievance, the Plan shall conduct appropriate follow up with providers to investigate and correct grievance issues, where necessary, and the Plan’s resolutions, as set forth in resolution letters to enrollees, adequately address all enrollees’ expressions of concern described in each grievance.

Plan Compliance Effort:

The Plan’s response disputes the Department’s finding of deficiency as follows:

“Universal Care wishes to clarify that a deficiency does not exist and respectfully requests that this deficiency be removed from the final report for the following reasons:

None of the complaints led to second level appeals, indicating that resolution was achieved in the large majority of cases without need for further consideration. This impressive achievement indicates that complaints are considered with due concern for the enrollee’s interests.

The only appropriate response for some complaints is an apology, as, for example, a long wait before being seen at an appointment. Sometimes these types of complaints are received weeks after the event, when it is not possible to identify the cause of the long wait-time. But the issue is not dropped here. The dental staff minutes will reflect numerous references to the problem and the need for the staff to try to minimize waits. There are also Memoranda that have been distributed to the entire staff. The issue is not taken lightly and it is constantly addressed.

The audit report states that ‘Plan’s lack of adequate investigation’ included alleged provider overcharges. Where there is clear evidence of an overcharge, the Dental Director has personally contacted the provider in an attempt to resolve the issue. In one case, the Dental Director went so far as to testify in Small Claims court to assist (successfully) a member in obtaining a refund. In another case, he negotiated a refund, and in a third, the dentist agreed to reduce the charge. However, in many cases the patient has agreed to additional treatment and has paid the bill, only to have ‘buyer’s remorse’ afterwards. Assistance will be provided, as described above, but it is not always possible to resolve the problem in favor of the patient. . . .

The Dental Director and his designees adequately investigate complaints, obtaining the charts, radiographs and other relevant information before rendering an opinion of determination.”

Department’s Finding Concerning Plan Compliance Effort:

The Department finds that further revision or completion of the Plan’s corrective action plan is necessary in order for the Plan to ensure that the CAP is capable of correcting this deficiency. Therefore, the Department finds that it will take additional time beyond the date of the Plan’s response for the Plan to correct this deficiency and to fully implement and document the changes required by the Corrective Actions. The Department will review the Plan’s compliance and implementation efforts to correct this deficiency at the time of the follow up review.

Appendix A- Descriptions of Grievances Referenced in the Report

A. The Plan did not ensure that its QA Program consistently identifies and corrects quality of care problems raised by individual complaints and emergent patterns of complaints. (Procedures for Assuring Quality of Care and Peer Review Mechanisms/Deficiency 6)

Grievance #1

The complaint was initiated because the enrollee waited over one hour to be seen after having made an appointment for an evaluation of a toothache. The enrollee came into the office with a toothache and was given an appointment to come back the following day at 9:00AM. At that time the enrollee waited in the office over one hour to be seen. No treatment was done at this visit. The enrollee was given pain medication and asked to return in two weeks for extraction of two teeth. The enrollee made an appointment because of pain in the upper right quadrant. Two teeth were involved. An upper third molar with severe decay and periodontal bone loss and the adjacent second molar which had only retained roots. Both of these teeth appeared on the radiograph to be simple extractions. On the initial review, the Dental Director failed to request and review the dental records and, as a result, provided the following inaccurate assessment: "Although it would have been preferable to have done the extractions at this time, the patient accepted a prescription to relieve the pain. She should be advised to return for treatment ASAP. Considering this patient's past history of neglect, she should be advised of the risk of serious infection if she does not obtain treatment." The patient had been advised to return for treatment and the treatment was not done. One month after the letter of resolution the Dental Director investigated further. At that time he determined that the treating dentist should have extracted the teeth on the second visit. The Plan's initial review of this case failed to recognize that the patient had been seen on an emergency basis one day and told to return the next day for treatment.

Hence, this case represents the Plan's failure to identify the quality issue with the treating dentist not rendering appropriate emergency treatment on the second visit, and failure to follow up to correct the access issue with excessive in-office wait time and excessive appointment wait time.

<p>Grievance #2</p>	<p>The enrollee complaint was that neither she nor the specialist was notified when the specialty referral was authorized by the Plan and that when she called the dental office to check the status of the referral, the office staff was rude. The specialty referral request was dated March 20, reviewed and authorized by the Plan on March 30. The enrollee had not yet received notification of authorization on April 19, the day of the scheduled specialty appointment. The Plan policy is to assign a specialist to treat the enrollee and notify the referring office, the enrollee and the specialist office of the approved referral. According to the patient, she was never notified. The Dental Director's response to the enrollee included the statement "We bring these complaints to the attention of the staff to remind them that perception is an important part of communication. Often patients report they are given information that is not our policy and is very doubtful." The issue in this case was not "perception" but whether or not the Plan had failed to notify the enrollee regarding its decision. Furthermore, to imply that patient reports of the Plan's failure to follow its policies is "very doubtful" fails to address the failure on the part of the Plan to notify the patient of the disposition of the referral request. The Plan had to fax the treatment authorization to the specialist on the day of the appointment.</p> <p>This case represents the Plan's failure to conduct corrective action to address the systemic quality issues raised, including the issues with timely authorization as well as timely notification to enrollees and providers regarding the disposition of specialty referral requests. In addition, this case represents the Plan's inadequate consideration to address the enrollee's complaint.</p>
<p>Grievance #4</p>	<p>The enrollee complaint was that the participating dental office (a Plan staff model office) was dirty and proper infection control procedures were not followed. There was no evidence in the grievance file that the Plan followed up with the provider office to determine whether or not the enrollee's allegations were true. The Plan's evaluation of the claim was to describe the Plan's policy in their management of the staff model office: "all instruments are properly cleaned and sterilized" and "we have a maintenance service that generally keeps the facilities in good condition." The enrollee accessed the practice as a walk-in after calling at 8:10 AM to verify she could come in on a walk-in basis. She claimed she waited 2 hours before having x-rays. The dental staff went to lunch before seeing her.</p> <p>This case represents the Plan's failure to follow up with the provider to address the potential systemic quality issues raised with both quality and access, and inadequate consideration of the enrollee's expression of concern regarding access and quality.</p>
<p>Grievance #13</p>	<p>The enrollee complaint was related to improper procedures during a topical fluoride treatment. The enrollee said that her "child was gagging through the whole procedure and the dentist wouldn't suck up the fluoride and excessive saliva." Professional standards require that all excess fluoride gel and saliva that may contain the gel be suctioned away immediately for the safety of the child since ingestion of excessive fluoride can cause gastro-intestinal distress. The Plan did not identify or follow-up on the safety issue involved in this case. The response to the enrollee was merely, "Some gag but that does not necessarily indicate the treatment was done improperly or unprofessionally." Although the Plan is correct that the child's</p>

gagging is not an indication that the procedure was done improperly, the failure to suction the excess fluoride clearly is an indication that the procedure was done improperly and could have serious health effects.

In addition to the issue raised with respect to the safety procedures surrounding the topical fluoride treatment for children, the Plan determined that the radiographic technique used by the office was improper and the resulting films were not diagnostic. However, the Department found no evidence in the grievance file that the Plan followed-up to determine if this quality problem had been corrected.

This case represents the Plan's failure to adequately identify the quality issue with the management of the pediatric patient during treatment, the Plan's failure to follow up to correct the quality issue identified with improper radiographic technique, and inadequate consideration of the enrollee's expression of concern regarding the care received.

B. The Plan lacks an adequate documented system for monitoring and evaluating accessibility of care, including a system for addressing access problems as they develop. (Access and Availability/Deficiency 7)

In some of these cases, the Plan did not conduct an adequate investigation to identify all relevant issues or did not follow up with the provider to correct identified issues.

Grievance #1	Described above under subsection A
Grievance #4	Described above under subsection A
Grievance #9	The enrollee complaint dealt with an excessive waiting time in the office prior to being seen. The patient called for a follow-up appointment after an emergency visit and was told to come in on a specific day before 8:30 AM without an appointment. The enrollee did so and waited 2 hours 40 minutes to be seen. .
Grievance #14 (regarding Practice #1)	The patient complained of waiting for one and one half hours to be seated for a scheduled appointment. The Dental Director commented that "This incident took place on a day when there were originally two dentists assigned to the office. On this same day, we were forced to shift one of these dentists to another office due to the illness of the dentist assigned to that office." This incident suggests a possible systemic deficiency with respect to adequacy of staff. The Plan failed to assess or correct the problem.
Grievance #15 (regarding Practice #1)	The patient complained of arriving for an appointment just before the dentist left for lunch. The patient was not seated until the dentist returned. This complaint represents a failure of the office to schedule dentists' time to cover patient appointments.

**C. The Plan did not ensure adequate consideration of enrollees' expressions of concern in complaints.
(Grievance System/Deficiency 10)**

Grievance #2	Described above under subsection A
Grievance #3	<p>The enrollee complaint was that the dentist provided optional services for which she was charged the full fee rather than the Plan benefit which would have been at a substantially lower cost to the enrollee. The enrollee claimed an overcharge of \$460, and, based on the enrollee's letter, the Plan determined that there was an overcharge of "\$460 for treatment that would customarily be provided at no charge under the terms of her dental plan." The Department estimated the refund to be somewhat less than this.</p> <p>The Plan's Dental Director determined that the enrollee was entitled to a refund. Rather than assuring that the patient received the refund to which she was entitled, the grievance file contained the following notation by the Dental Director: "I had 'negotiated' with [the office manager] in an attempt to resolve the issue and told her I would recommend that [the enrollee] accept \$200 - then reduced to \$180 - as an amicable settlement. I did not discuss this settlement with [the enrollee] previously, since I felt that once I had the check made out to her, I could then present the settlement." The Plan initially determined that the enrollee was entitled to a refund of \$460. Without consulting the enrollee, the Plan took it upon itself to seek to negotiate so that the enrollee would accept a lower amount as a refund.</p> <p>The Department's review of this case found the following issues with the Plan's review: (1) The Plan's Dental Director did not obtain or review the patient record, which revealed that the dentist actively promoted the use of composites by misrepresenting to the patient the health risks of mercury in amalgam restorations, and this issue was not addressed by the Plan; (2) The Dental Director did not initially review the relevant copayment schedule and benefit plan information, and, as a result, he incorrectly determined that the overcharge amount was \$460. When the Dental Director later obtained the record, he found that the amount of overcharge that he said had occurred was incorrect; and (3) The Plan's resolution did not ensure that the enrollee was to be reimbursed the total amount to which she was entitled under her benefit plan.</p>
Grievance #4	Described above under subsection A
Grievance #10	A dental auxiliary asked the enrollee for an unanticipated copayment of \$60 during the patient care visit. The Plan's letter to the enrollee assured the enrollee that the Plan had contacted the dentist to discuss the etiquette of asking for payment for additional procedures. There was no evidence in the grievance file that the Plan discussed this matter with the office.
Grievance #13	Described above under subsection A